SECTION 4
MEDICARE CROSSOVER CLAIMS

Medicare/Medicaid (crossover) claims that do not cross automatically from Medicare to Medicaid must now be filed through the Medicaid billing Web site at www.emomed.com or through the 837 electronic claim transaction. This requirement became effective July 1, 2005. Before filing an electronic crossover claim, please wait sixty (60) days from the date of your Medicare payment to avoid possible duplicate payments from Medicaid.

There are two primary reasons claims do not cross over electronically from Medicare to Medicaid. One is because Medicaid enrolled providers have not provided Medicaid with their Medicare provider number or have provided an invalid or inactive Medicare provider number. If the provider has any doubt as to what Medicare number(s) is (are) on file, contact the Provider Enrollment Unit by E-mail at providerenrollment@dss.mo.gov. If you have not submitted your Medicare provider number to Medicaid, you can fax a copy of the Medicare letter showing the Medicare provider name and the assigned Medicare provider number along with a cover letter explaining why the information is being submitted to the enrollment unit. Provider Enrollment's fax number is (573) 526-2054. Please be certain to include your Medicaid provider name and number with any correspondence sent to Provider Enrollment.

Another reason claims do not cross over electronically is due to invalid patient information. Claims will not cross over electronically if the patient is not going by the same name with Medicare as they do with Medicaid. Additionally, the patient's Medicare Health Insurance Claim (HIC) number in the Medicaid eligibility file must agree with the HIC number used by the provider to submit the claim to Medicare. It is the responsibility of the patient to keep this information updated with their Family Support Division caseworker.

Following are tips to assist you in successfully filing a Medicare CMS-1500 Part B Crossover on the Medicaid billing Web site:

> ➢ Enter the information in the fields on the screen exactly as you did on your Medicare billing with the exception of the patient's name. The patient's name must be entered as it currently appears in the Medicaid eligibility file, not necessarily the name as shown on the Medicare remittance advice.
> ➢ There are HELP screens at the bottom of each screen page to provide instructions for completing the crossover claim screens, the "Other Payer" header and the "Other Payer" detail screens. Print each HELP screen in its entirety for reference when completing claims on the Internet.
> ➢ There must be an "Other Payer" header screen completed for every crossover claim. This provides information pertaining to the whole claim. There will be no group code, reason code and adjustment amount information entered on this screen for Part B claims.

> ➤ Completion of an "Other Payer" detail screen form is required for each claim detail line. The five (5) codes that can be entered in the "Group Code" field on the "Other Payer" detail screen forms are in a drop down box, you need to choose the appropriate code. For example, the "PR" (patient responsibility) code is assigned for Medicare coinsurance and/or deductible amounts on your Medicare remittance advice.
> ➤ The codes to enter in the "Reason Code" field on the "Other Payer" detail screen forms are also found on your Medicare remittance advice. If not listed, you must choose the most appropriate code from the list of "Claim Adjustment Reason Codes" which can be found by accessing the HIPAA related Code List link on the DMS Provider Participation Web page, http://www.dss.missouri.gov/dms/providers.htm.
> ➤ The "Adjust Amount" should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.
> ➤ If there is commercial insurance payment or denial to report on the crossover claim, you must complete an additional "Other Payer" header form. You must also complete an additional "Other Payer" detail form(s) if the commercial carrier provided detail line information for line item payments and denials.

TIMELY FILING

Claims initially filed with Medicare within Medicare timely filing requirements and that require separate filing of a crossover claim to Medicaid must meet the Medicaid timely filing guidelines for Medicare/Medicaid claims. The crossover claim must be submitted by the provider and received by the Medicaid agency within 12 months from the date of service or six months from the date on the provider's Medicare Explanation of Medicare Benefits (EOMB), whichever date is *later*. The counting of the six-month period begins with the date of adjudication of the Medicare payment and ends with the date of receipt.

ADJUSTMENTS

If Medicare adjusts a claim and Medicaid has paid the original crossover claim, then the original claim payment from Medicaid must be adjusted through the Medicaid billing Web site. The "Claim Frequency Type Code" must be either a replacement (7) or a void (8). When submitting a replacement or void, the ICN (internal control number) being replaced or voided must be stated in the "Resubmission Ref. No." field. For a void claim, the only fields required for submission are the Patient Name, Patient Medicaid ID and the Resubmission Reference Number.

A sample of the Medicare CMS 1500 Part B Crossover is displayed on the following pages.

DME
PART B - CMS - 1500 (NO TPL)

CIGNA MEDICARE

P.O. BOX 690   MEDICARE

NASHVILLE, TN 37202   REMITTANCE

TEL. 1-877-320-0390   NOTICE

PROVIDER: 110000000X

PAGE #:   1 OF 1

DATE: 07/01/06

CHECK/EFT #: 10300000000000X

STATEMENT: 090000000X

ACME MEDICAL EQUIPMENT

P.O. BOX   3XY

HOMETOWN, MO 650X8

PERF PROV.	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME: MC CREERY, PRISSY		HIC: 490000000A				ACNT: 4254			ICN 06000000000000 ASG Y MOA MA07 MA01			
110000000X	06/15/06	12	1	E0955	NU	301.00	202.18	0.00	40.44	CO-42	98.82	161.74
110000000X	06/15/06	12	1	E0973	NU	322.00	229.94	0.00	45.99	CO-42	92.06	183.95
110000000X	06/15/06	12	1	E0978	NU	89.60	36.50	0.00	7.26	CO-42	53.30	29.04
110000000X	06/15/06	12	1	E2609	NU	905.80	61.16	0.00	12.23	CO-57	844.64	48.93
110000000X	06/15/06	12	1	E2617	NU	862.40	312.35	0.00	62.47	CO-57	550.05	249.88
110000000X	06/15/06	12	1	K0005	NU	2793.00	1848.76	0.00	369.75	CO-42	944.24	1479.01
PT RESP	538.14			CLAIM TOTALS		5273.80	2690.69	0.00	538.14	2583.11		2152.55
ADJ TO TOTALS:		PREV PD	0.00	INTEREST	0.00	LATE FILING CHARGE	0.00				NET	2152.55

Using this example of a Medicare EOMB, the following pages will guide you step-by-step through the process to file your Crossover Claim through the Medicaid billing Web site at www.emomed.com to collect the deductible/coinsurance amounts.

State of Missouri
Medicaid

Medicare CMS 1500 Part B Crossover

If you are not   please logout   Logout

User: Provider: [▼]

Claim Frequency Type Code*	Provider Medicare Number*
1-Original ▼	110000000X

Patient Name (Last Name, First Name)*		Patient Medicaid ID*
McCreery	Prissy	33333333

Patient Medicare ID (HIC)*	Patient Account No.
490000000A	

Hospitalization Dates (mm/dd/yy)*	Diagnosis Codes* (Do not include the decimal)
From Date 00 / 00 / 00	1. 496 2. [ ] 3. [ ] 4. [ ] 5. [ ]
Thru Date 00 / 00 / 00	

Resubmission Ref. No.	Home Health Certification From Date (mm/dd/yy)
[ ]	[ ] / [ ] / [ ]

Line No.	From Date of Service (mm/dd/yy)*	Diagnosis Code*	Paid Amount $*	Detail Line Attachments
	Thru Date of Service (mm/dd/yy)*	Days/Units Billed*		
	Place of Service*	Billed Charges $*	Medicaid Performing Provider ID*	
	Procedure Code* and Modifiers			
1.	[ ] / [ ] / [ ] [ ] / [ ] / [ ] [▼] [ ] [ ] [ ] [ ]	[▼] 0 0.00	0.00 [ ]	[Other Payers]

ADD DETAIL LINES

Claim Attachment Actions:
[Add Header Other Payers] [View All Other Payers]

Continue...   Reset

[Home] [Help]

> ➢ At the Medicaid billing Web site, click on "Medicare CMS 1500 Part B Crossover". That will bring you to the screen above.
> ➢ Enter all the Medicare header information. Refer to the Medicare EOMB example from page 4.3. Complete the fields as shown above. Next click on the "Add Header Other Payers" link at the bottom of the page to enter the header other payer information.

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State of Missouri Medicaid

Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare CMS 1500 Part B Crossover claim.
Fields marked * must be filled in.

Other Payer #1	
Filing Indicator* [MB-Medicare ▼]	Other Payer Name* [Cigna Medicare]
Paid Amount $ [2152.55]	Paid Date (mm/dd/yy)* [07] / [01] / [06]
Header Allowed Amount $ * [2690.69]	Total Denied Amount $ [0.00]

Group Codes, Reason Codes & Adjustment Amounts

Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
[▼]	[ ]	[ ]	[▼]	[ ]	[ ]
[▼]	[ ]	[ ]	[▼]	[ ]	[ ]

[Add Reason Codes]

Remark Codes	[ ]	[ ]	[ ]	[ ]	[ ]

[Remove Payer #1]

[Add Payer]

[Done] [Cancel]

[Help]

> ➤ You are now on the "Other Payer Header" screen.
> ➤ Enter the information as shown. For Part B crossover claims, do not complete the Group Codes, Reason Codes and Adjust Amounts information. This information will be entered elsewhere.
> ➤ Click on "Done".

> ➢ You are now back on the original screen ready to add your detail line information to the claim.
> ➢ Again using the Medicare EOMB example from page 4.3, enter the detail information as shown above. When done entering the information, click on "Other Payers" to add the Medicare detail information.

State of Missouri Medicaid

Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare CMS 1500 Part B Crossover claim.
Fields marked * must be filled in.

Claim Detail Line #1

Other Payer #1

Paid Date (mm/dd/yy)*   07 / 01 / 06

Group Codes, Reason Codes & Adjustment Amounts

Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO-Contractual Obligation	042	98.82	PR-Patient Responsibility	002	40.44

Add Reason Codes

Remove Payer #1

Add Payer

Done   Cancel

[Help]

➢ You are now on the "Other Payer Detail" screen.
➢ Enter the Medicare paid date information as well as the Group and Reason Codes and Adjust Amounts. The information in the above sample references the detail information from the Medicare EOMB example from page 4.3. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the Reason Code for deductible is 1 and for coinsurance is 2. Therefore, you would enter Reason Code 002 for coinsurance amounts due as shown in the above example.
➢ The "Adjust Amount" fields should reflect any amounts not paid by Medicare including deductible, coinsurance and non-allowed amounts.
➢ Click on "Done".

State of Missouri Medicaid

Medicare CMS 1500 Part B Crossover

If you are not   please logout   Logout

User: Provider:

Please verify the values entered and click the Edit or Submit button.

Claim Frequency Type Code	Provider Medicare Number
1	110000000X

Patient Name (Last Name, First Name)	Patient Medicaid Id
McCreery, Prissy	33333333

Patient Medicare ID (HIC)	Patient Account No.
490000000A	

Hospitalization Dates (mm/dd/yy)	Diagnosis Codes
From Date 00/00/00 Thru Date 00/00/00	496

Resubmission Ref No.	

Line No.	From Date of Service (mm/dd/yy) / Thru Date of Service (mm/dd/yy) / Place of Service / Procedure Code and Modifiers	Diagnosis Code / Days/Units Billed / Billed Charges $	Paid Amount $ / Medicaid Performing Provider ID	Detail Line Attachments
1.	06/15/06	1	161.74	
	06/15/06	1		Use Links at Bottom of Page
	12	301.00	620000000	
	E0955 NU			
2.	06/15/06	1	183.95	
	06/15/06	1		Use Links at Bottom of Page
	12	322.00	620000000	
	E0973 NU			

Medicare Part B Crossover claim example with detail lines continued:

3.		06/15/06	1	29.04	
		06/15/06	1		Use Links at Bottom of Page
		12	89.60	620000000	
	E0978	NU			
4.		06/15/06	1	48.93	
		06/15/06	1		Use Links at Bottom of Page
		12	905.80	620000000	
	E2609	NU			
5.		06/15/06	1	249.88	
		06/15/06	1		Use Links at Bottom of Page
		12	862.40	620000000	
	E2617	NU			
6.		06/15/06	1	1,479.01	
		06/15/06	1		Use Links at Bottom of Page
		12	2,793.00	620000000	
	K0005	NU			

[View All Other Payers]

Edit　　Submit

[Home]　[Help]

➢ After all line items from your Medicare EOMB have been entered as well as the "Other Payer" information for each line item, click on "Continue". This will bring you to the "Edit" screen above. The information in this sample references the detail information from the Medicare EOMB example from page 4.3. Use this screen to check the data entered from your Medicare EOMB.

➢ Click on "View All Other Payers" to edit the Header and Claim Detail Lines.

State of Missouri Medicaid

Other Payer Information

Other Payer Information for Medicare CMS 1500 Part B Crossover claim.

** Claim Header **			Payer #1		
Filing Indicator	MB	Other Payer Name	Cigna Medicare		
Paid Amount $		2,152.55	Paid Date (mm/dd/yy)		07/01/06
Header Allowed Amount $		2,690.69	Total Denied Amount $		0.00
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
Remark Codes					

** Claim Detail Line #1 **			Payer #1		
			Paid Date (mm/dd/yy)		07/01/06
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO	042	98.82	PR	002	40.44

** Claim Detail Line #2 **			Payer #1		
			Paid Date (mm/dd/yy)		07/01/06
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO	042	92.06	PR	002	45.99

** Claim Detail Line #3 **			Payer #1		
			Paid Date (mm/dd/yy)		07/01/06
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO	042	53.30	PR	002	36.50

** Claim Detail Line #4 **			Payer #1		
			Paid Date (mm/dd/yy)		07/01/06
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO	057	844.64	PR	002	61.16

Medicare Part B Crossover Other Payer Header and Detail lines continued.

** Claim Detail Line #5 **			Payer #1		
			Paid Date (mm/dd/yy)		07/01/06
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO	057	550.05	PR	002	62.47
** Claim Detail Line #6 **			Payer #1		
			Paid Date (mm/dd/yy)		07/01/06
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO	042	944.24	PR	002	369.75

Done

- ➢ The information in the above sample references the detail information from the Medicare EOMB example from page 4.3. Use this screen to verify and/or edit the reason codes and adjustment amounts from your Medicare EOMB.
- ➢ Click "Done" once your review is complete. This will take you back to your original Medicare Part B Crossover screen.
- ➢ Click on "Submit". After submitting your claim, you will be brought to a screen which states, "Thank you. Your request has been received". Click on the "Print" button at the bottom of the screen to print the claim and save for your records. You may also click on "View All Other Payers" to print the header and detail lines. Once printed, click "Done" to return to your original screen.
- ➢ To enter another claim, click on "Next".

State of Missouri
Medicaid

Other Payer Information

Other Payer Information for Medicare CMS 1500 Part B Crossover claim.

** Claim Header **			Payer #1		
Filing Indicator MB		Other Payer Name	Cigna Medicare		
Paid Amount $ 2,152.50		Paid Date (mm/dd/yy)			07/01/06
Header Allowed Amount $ 2,690.69		Total Denied Amount $ 0.00			
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
Remark Codes					
** Claim Header **			Payer #2		
Filing Indicator CI		Other Payer Name	AARP		
Paid Amount $ 0.00		Paid Date (mm/dd/yy)			07/15/06
Header Allowed Amount $ 0.00		Total Denied Amount $ 0.00			
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO	096	5,273.80			
Remark Codes					

> ➤ To add a secondary payer to the "Other Payer Header" screen, click on "Add Payer".
> ➤ The above is an example of a secondary payer on the "Other Payer Header" screen. This example shows the required fields to be completed when Payer #2 has denied the entire claim.

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State of Missouri
Medicaid

Other Payer Information

Other Payer Information for Medicare CMS 1500 Part B Crossover claim.

** Claim Header **			Payer #1		
Filing Indicator MB			Other Payer Name Cigna Medicare		
Paid Amount $		2,152.50	Paid Date (mm/dd/yy)		07/01/06
Header Allowed Amount $		2,690.69	Total Denied Amount $		0.00
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
Remark Codes					

** Claim Header **			Payer #2		
Filing Indicator CI			Other Payer Name AARP		
Paid Amount $		269.07	Paid Date (mm/dd/yy)		07/15/06
Header Allowed Amount $		2,690.69	Total Denied Amount $		0.00
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO	042	1,188.42	CO	057	1,394.69
PR	002	269.07	OA	023	2,152.55
Remark Codes					

> ➢ The above is an example of a secondary payer on the "Other Payer
> Header" screen when Payer #2 has paid a portion of the Medicare
> coinsurance. In this example, Payer #2, AARP, paid 50% of the
> Medicare coinsurance. The Medicare coinsurance amount due from
> Medicaid is shown in this example as Group Code PR, Reason Code
> 002 with an Adjust Amount of $269.07.